STATE OF SOUTH CAROLINA	219721	
Request to Lancel class (TT, T) tax; Extificate Severing Ojeda Espiroza 4ba Transportation Vergeruz	BEFORE THE EIVERIC SERVICE COMMISSION LEF SOUTH CAROLINA 16 2009 RANSPORTATION COVER SHEET DOCKET NUMBER: 205. 199-T Charter NUMBER: 205. 199-T Taxi If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.	
Please type or print) Submitted by: Sevenino Ojeda Espinoza Address:		
Address: Po Box 44	Telephone: Fax:	
Trendon SC 29847	Other:	
VOTT: of	Email:	
NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers s required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must e filled out completely.		
NATURE OF ACTION (Check all that apply)		
Application - Class C Taxi	Request to Amend Scope of Authority	
Application – Class C Charter	Request to Amend Tariff (rate increase, etc.)	
Application - Class C Charter Bus RECEIV	·	
Application – Class C Non-Emergency 001 19 20	_	
Application - Class E Household Goods PSC SC	Exhibit	
Application – Class E Hazardous Waste DOCKETING DE	PT. Late-Filed Exhibit	
Application	Letter	
Request for Extension to Comply with Order	Proposed Order	
Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded	Publisher's Affidavit	
Request for Cancellation of Certificate	Reservation Letter	
Request for Suspension	Response	
Request for Reinstatement	Return to Petition	
Request for Name Change on Certificate	Other:	

If you have any quartions about this from whose sentent the DITDLIC ORDINER COMMERCION - a par goe sing

Request for Cancellation of Certificate

J-1/

File the original with:	Maîl or fax a copy to:
Public Service Commission of South Caroli Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: 18/2/69	
Please consider this a request to cancel	my:
Class C Taxi Certificate	Class A Restricted Certificate
Class C Charter Certificate	
Class C Charter Bus Certificate	
Non-Emergency Certificate	RECEIVED
Class E Household Goods Certifica	oct 1,6 2009
Class E Hazardous Wastes Certific	ate ORS
My Certificate Number is 7593	
(Name of Company)	(If applicable)
205 Hwy 12 (Street Address)	(Malling Address if different from Street Address)
City, State, Zip Code)	Trenton SC 29847 (City, State, Zip Code)
863 - 275 - 4687 (Telephone Number)	Severino Oyeda Espinoza
	(Signature) ' O いへく (Title)